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Intellectual Property Corporation**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562

FAX: 806-498-6673

e-mail: winstonhsu@naipo.com

Customer No.: 27765

Fax To: PATEL, ISHWARBHAI B Tel.: (571) 272-1933
Art Unit: 2841 Fax: (571) 273-8300**From: Winston Hsu, Registration No. 41,526****Serial No.: 10/711,795****Attorney Docket No.: ACMP0164USA****Subject: Response to the Office Action mailed on 11/23/2005****Total Pages: 8 pages (including cover page)****Winston Hsu 12/22/2005****BEST AVAILABLE COPY****ACMP0164USA_A2_1**

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/711,795

Filing Date

10/06/2004

First Named Inventor

Chun-Yang Lin

Art Unit

2841

Examiner Name

PATEL, ISHWARBHAI B

Attorney Docket Number

ACMP0164USA

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TG (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
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<input type="checkbox"/> Certified Copy of Priority Documents(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

North America Intellectual Property Corporation

Signature

Winston Hsu

Printed name

Winston Hsu

Date

12/22/2005

Reg. No.

41,526

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Alex Liang

Typed or printed name

Alex Liang

Date

12/22/2005

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PTO/SB/17 (12-04)

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<small>Effective on 12/09/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</small>		Complete if Known	
FEET TRANSMITTAL For FY 2005		Application Number	10/711,795
Applicant claims small entity status. See 37 CFR 1.27		Filing Date	10/06/2004
TOTAL AMOUNT OF PAYMENT (\$ 0.00)		First Named Inventor	Chun-Yang Lin
		Examiner Name	PATEL, ISHWARBHAI B
		Art Unit	2841
		Attorney Docket No.	ACMP0164USA

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number: **50-3105** Deposit Account Name: North America Intellectual Property Corp.

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims Extra Claims Fee (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = X =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = X =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee (\$)

100 = / 50 = (round up to a whole number) X =

Fees Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526	Telephone	302-729-1562
Name (Print/Type)	Winston Hsu			Date	12/22/2005

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UNBENDING PRINTED CIRCUIT BOARD

Appl. No. : 10/711,795 Confirmation No. 5794
Applicant : Chun-Yang Lin,
 Shu-Chih Chen,
 Wen-Hsinung Shih
Filed : October 6, 2004
TC/A.U. : 2841
Examiner : PATEL, ISHWARBHAI B
Docket No. : ACMP0164USA0
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

5. In response to the Office action of November 23, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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